

How to use this form

Box 11. Sign your name. Signed under penalty of perjury.



*This application is for
use by a family member of:*

- A registered voter who will be unable to vote at the polls on election day due to:
 - (1) absence from your city or town during normal polling hours; or
 - (2) physical disability preventing you from going to the polling place; or
 - (3) religious belief;

OR

- A non-registered voter who is:
 - (1) a Massachusetts citizen absent from the state; or
 - (2) an active member of the armed forces or merchant marines, their spouse or dependent; or
 - (3) a person confined in a correctional facility or a jail, except if by reason of felony conviction.

A “family member” must be:

a spouse or person residing in the same household, in-laws, father, mother, sister or brother of the whole or half blood, son, daughter, adopting parent or adopted child, stepparent or stepchild, uncle, aunt, niece, nephew, grandparent or grandchild.

Mailing instructions:

This application must be received by noon on the day before the election. This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox.

Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to \$10,000 and up to five years in prison.

1	This absentee ballot application is being made for: <input type="checkbox"/> a primary (circle party) <i>Democratic</i> <i>Republican</i> <input type="checkbox"/> a preliminary election <input type="checkbox"/> an election <i>date of election</i> _____ <input type="checkbox"/> all elections this year				
2	Full name of voter: <i>last name</i> <i>first name</i> <i>middle name or initial</i> <i>Jr. Sr. II III IV</i> <i>Miss Ms. Mrs. Mr.</i> <i>(circle one if appropriate)</i>				
3	Voter's legal voting residence: <i>street and number, apt. number</i> <i>city or town</i> <i>ward/precinct (if known)</i>				
4	Voter's mailing address (if different than #3): Mail ballot to me at this address: <i>street & number</i> <i>p.o. box, if any</i> <i>city or town</i> <i>state or country</i> <i>zip code</i>				
5	Voter's date of birth: <i>month</i> <i>day</i> <i>year</i>	6	Voter's Telephone (optional): <input type="checkbox"/> <i>Check if unlisted</i>	7	Voter's E-mail address (optional):
8	Your name and relationship to the voter: Printed name: Relationship:				
9	Your address: <i>street & number</i> <i>city or town</i> <i>zip code</i>				
10	Today's date: <i>month</i> <i>day</i> <i>year</i>		11	Your Signature: (under penalty of perjury)	

We, a majority of the Registrars of Voters, certify to the best of our knowledge that the signature on the reverse appears to be genuine and that we believe this applicant is a registered voter, or otherwise eligible to vote, in

Ward

Precinct

Return to City or Town Clerk or Election Commission. Fold along dotted line and close with tape for mailing.

name

number and street

city or town , *MA* *zip code*

Place First Class Stamp Here

REGISTRARS OF VOTERS

City or Town Clerk or Election Commission

City or Town Hall

CHICOPEE

, MA 01013-2885

YOUR CITY OR TOWN

ZIP CODE FOR CITY OR TOWN HALL